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CONFIRMATION NO. 1111

SERIAL NUMBER 09/466,387	FILING OR 371(c) DATE 12/17/1999 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 3581/004

APPLICANTS

PAT L. GORDON, WYZATA, MN;

** CONTINUING DATA **************************
This appln claims benefit of 60/129,209 04/14/1999

** FOREIGN APPLICATIONS ******************* none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/02/2000

Foreign Priority claimed ☐ yes ☑ no 35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 6

ADDRESS
22242

TITLE
GASTRIC STIMULATOR APPARATUS AND METHOD FOR USE

FILING FEE RECEIVED 1071	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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